



REQUEST FOR HEARING

Person Requesting a Hearing: _____ Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone #: _____

I, _____, do not agree with the decision of the City of Chandler's Housing and Redevelopment Division and I am therefore requesting a Hearing.

Nature of the grievance and relevant information:

Action or relief requested:

Tenant's Signature

Date

For Office Use Only

Received By: _____ Date: _____

Request Referred To: ☐ Housing Specialist ☐ Housing Supervisor ☐ Other: _____

Action Taken: _____

Mailing Address:
Mail Stop 101, PO Box 4008
Chandler, AZ 85244-4008

City of Chandler Housing and Redevelopment Division
<http://affordablehousing.chandleraz.gov>
Ph.(480)782-3200 • Fax (480)-782-3220

Office Location:
235 S. Arizona Avenue
Chandler, AZ 85225